PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Douglas K. Medema;

William E. Saltzstein; Robert A. Niskanen;

Richard C. Nova

Filed:

Herewith

Customer No.:

28863

Docket No.:

1023-180US02

Title:

METHOD AND SYSTEM FOR LOCATING A PORTABLE MEDICAL

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV 395707174 US Date of Deposit: December 31, 2003

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, Alexandria, VA 22313-1450.

Madas Name: Angela S. Watson

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53 of Serial No. 09/919,783, filed on July 31, 2001, entitled METHOD AND SYSTEM FOR LOCATING A PORTABLE MEDICAL DEVICE by the following inventor(s):

Full Name	Family Name	First Given Name	Second Given Name
Of Inventor	Medema	Douglas	K.
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Full Name Of Inventor	Family Name Saltzstein	First Given Name William Sec nd Given Name E.	
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Full Name	<u>Family Name</u>	First Given Name	Second Given Name
Of Inventor	Niskanen	Robert	A.
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Full Name	<u>Family Name</u>	First Given Name	Second Given Name
Of Inventor	Nova	Richard	C.
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Kirkland	Washington	United States of America
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\boxtimes	Transmittal sheet containing Certificate of Mailing
$\overline{\boxtimes}$	Continuation Patent Application: Spec. 19 pgs; Claims 10 pgs; Abstract 1 pg.
\boxtimes	Copy of signed Combined Declaration and Power of Attorney (4 pgs.)
\boxtimes	Copy of signed Revocation and Power of Attorney (2 pgs.)
\square	The filing fee is calculated below:

CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Extra		Rate			Fee
Basic Filing Fee		1 7 1				144	\$770.00
Total Claims						512.	1
59	20	39	х	\$18.00	=	r ·	\$702.00
Independent Claims		200					
5	3	2	х	\$86.00	=	٧.	\$172.00
MULTIPLE DEPENDENT CI	LAIM FEE					, ,	
TOTAL FILING FEE						.i	\$1644.00

	Payment of fees: Check in the amount of \$ Please charge Deposit Account No. 50-1778. Under 37 CFR §1.53(f), no filing fee is being paid at this time.
\boxtimes	The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Deposit Account No. 50-1778.
\boxtimes	A set of formal drawings (5 sheets) is enclosed.

- ☐ The prior application is assigned of record to Medtronic Physio-Control Manufacturing Corp.
 ☐ The Power of Attorney in the prior application is to:

 Shumaker & Sieffert, P.A.
 8425 Seasons Parkway, Suite 105
 St. Paul, MN 55125
 - 28863

A return postcard is enclosed.

Date:

SHUMAKER & SIEFFERT, P.A.

8425 Seasons Parkway, Suite 105

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Bv

Name: Jason D. Kelly

Address all future communications to Practitioners at Customer Number 28863.

Reg. No.: 54,213